




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Approved for use through 10/31/2002. OMB 0651-0032  
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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>SCEIYA 3.0-113</b> First Inventor <b>Hisayuki Kunigita</b> Title <b>ELECTRONIC COMMERCE SYSTEM etc.</b> Express Mail Label No. <b>EL 807553235US</b>	
<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		<b>ADDRESS TO:</b> Commissioner for Patents Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages <b>23</b> ] <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>07</b> ] 5. Oath or Declaration [Total Pages <b>1</b> ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</small> 6. <input type="checkbox"/> Application Data Sheet See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	<b>ACCOMPANYING APPLICATIONS PARTS</b> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i) <small>Applicant must attach form PTO/SB/35 or its equivalent</small> 17. <input checked="" type="checkbox"/> Other: <b>Unexecuted Declaration</b>	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76 <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ Prior application information Examiner _____ Group / Art Unit: _____ <b>For CONTINUATION or DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>19. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		 000530	
		or <input type="checkbox"/> Correspondence address below	
Name _____ Address _____ City _____ State _____ Zip Code _____ Country _____ Telephone _____ Fax _____			
Name (Print/Type) <b>Robert B. Cohen</b>		Registration No. (Attorney/Agent) <b>32,768</b>	
Signature 		Date <b>January 24, 2002</b>	

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2002</h3> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	Not Yet Assigned
		Filing Date	Herewith
		First Named Inventor	Hisayuki Kunigita
		Examiner Name	Not Yet Assigned
		Group Art Unit	N/A
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 1,472.00		Attorney Docket No.	SCEIYA 3.0-113

<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)																																																																																																																																																																																			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account		<b>3. ADDITIONAL FEES</b>																																																																																																																																																																																			
Deposit Account Number: 12-1095 Deposit Account Name: Lerner, David, Littenberg, Krumholz & Mentlik, LLP The Commissioner is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account		<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - 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\*\*or number previously paid, if greater; For Reissues, see above      \*Reduced by Basic Filing Fee Paid

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Robert B. Cohen	Registration No (Attorney/Agent)	32,768
Signature		Telephone	(908) 518-6316
		Date	January 24, 2002

Express Mail Label No. EL 807553235us    Dated: January 24, 2002